

## Consultant 62

2 May 2012

Dear Sir,

I am a consultant anaesthetist in private practice of [X] years standing. When I began private practice I signed up with BUPA as a consultant partner and was accepted on the condition that I did not charge my patients who had BUPA health insurance fees that were greater than BUPA's benefit maxima. In return for this I would receive a bonus of 10% of my gross income at the end of the financial year. Over the following years I abided by these conditions until in 2010. During these [X] years BUPA failed to make any increase to its benefit maxima despite many letters from myself and others expressing our concerns at this failure. A small annual increase in line with inflation would have sufficed but BUPA failed to act stating that its benefits were in line with industry standards and represented what was "reasonable and customary". This is contrary to the results of a survey carried out by the Association of Anaesthetists of Great Britain and Ireland in 2011 which showed for example that the average fee charged by UK anaesthetists for a Total Hip Replacement was £455 compared with a BUPA benefit maxima of £325 (which is the same as it was in 2000). I wrote to BUPA stating that it was no longer commercially viable for me to charge within its benefit maxima and I would now use the benefits schedule of Western Provident Association because to the best of my knowledge this is the only insurer who has increased benefits in line with inflation (they provide £500 towards anaesthetic fee for a Total Hip Replacement). The "shortfall" (the difference between my fee and the insurance benefit) is met by the patients who are understandable very upset because they have been lead to believe that their insurance would cover all consultants fees.

Since this dispute with BUPA it is the impression of the surgeon with whom I work that BUPA are directing patients away from him because "his anaesthetist charges too much". This surely cannot be right or proper for a PMI to threaten the livelihood of one doctor because of the actions of another doctor.

It may also interest you to know that the benefits provided to an anaesthetic consultant are approximately 40% of the benefits available to a consultant surgeon despite equal time and training to reach consultant status. This disparity in remuneration is historical and I would refer you to the AAGBI for an in depth explanation. This disparity is also contrary to the founding principle of the NHS where consultants are paid equally regardless of which branch of medicine they specialise in.

The contract for private medical care must be between the patient and the doctors that provide that care and the fees set by them are a matter for the two parties. Private medical insurers are external to this and provide insurance which may or may not cover the fees entirely. There is a natural competitive market where patients should be free to choose which doctors to use based on skill, experience, services and costs. For too long PMIs have exerted undue influence on this market simply to control their costs and maximise their profits and not to offer their customers the best medical care.

I know this account is very anecdotal and difficult to prove but I can assure you that BUPA and other PMIs are interfering with my ability to make a living. I charge fees which are reasonable for a service which is second to none and focused entirely on my patients. It is the PMIs who have failed their customers and the medical staff who care for them.